

## Pharmacist Alert from the Maine Poison Center:

No specific incidents or known threats of terrorism are currently affecting the State of Maine. However, the Maine Bureau of Health and Centers for Disease Control and Prevention (CDC) are on a **heightened state of alert**.

### Help Monitor for Potential Biological Terrorism Cases:

**Pharmacists are in a unique position to assist with early detection of biologic terrorism. Unusual increases in prescriptions for antibiotics, especially quinolones or tetracyclines, and patient requests for over-the-counter medications to treat flu-like symptoms may be the first signs of a bioterrorism event or another community-wide outbreak of public health importance.** The State Division of Disease Control is not recommending routine antibiotic prophylaxis or nasal swab testing for anthrax unless a specific exposure risk has been identified.

#### **24-hour hotlines for Reporting and Consultation:**

**1-800-821-5821** (State Division of Disease Control)

**1-800-222-1222** (Maine Poison Center)

Please call the hotlines above to obtain consultation and report any possible cases so that the appropriate investigations can begin immediately.

General **non-emergent information** is available through the CDC website at <http://www.bt.cdc.gov/> under Agents/Diseases.

Please monitor for any suspicious groupings or clusters of disease or illness. Report any such incidents immediately. The 24-hour telephone numbers above will provide emergent access to information and consultation, as well as make any further necessary local, state and federal contacts. Calls to these numbers for general information or regarding cases less likely to be related to biological or chemical terrorism are also encouraged.

Most of the illnesses caused by pathogens likely to be used as biological weapons (e.g., anthrax, plague and smallpox), would present initially as non-specific influenza-like illnesses. Therefore, an unusual pattern of respiratory or influenza-like illness (e.g., occurring out of season or large numbers of previously healthy patients presenting simultaneously) should prompt clinicians to alert the Bureau of Health. These disease patterns might represent an early start to the influenza season, the introduction of a new pandemic strain, or could be the initial warning of a bioterrorist event.

#### **Monitor for:**

- Suspected or confirmed communicable diseases that are not locally endemic (e.g., anthrax, plague, tularemia, smallpox, or viral hemorrhagic fever)
- Any unusual age distributions or clustering for a rare or common disease (e.g., and increase in what appears to be a chickenpox-like illness among adult patients)
- Any sudden increase of illness in previously healthy individuals
- Any unusual increase or clustering in patients presenting with clinical symptoms that suggest an infectious disease outbreak (e.g.,  $\geq 2$  patients presenting with an unexplained febrile illness associated with sepsis, pneumonia, adult respiratory distress, mediastinitis, or rash; or a botulism-like syndrome with flaccid muscle paralysis especially if occurring in otherwise healthy individuals)
- Any sudden increases in the following non-specific syndromes:
  - Respiratory illness with fever
  - Gastrointestinal illness
  - Encephalitis or meningitis
  - Neuromuscular illness (e.g., botulism)
  - Fever with rash
  - Bleeding disorders
- Simultaneous disease outbreaks in human and animal populations
- Any unusual temporal and/or geographic clustering of illness (e.g., persons who attended the same public event or religious gathering)

Anthrax vaccine is currently limited to military use. Smallpox vaccine is not licensed for general use. Medications from a national stockpile may be requested by the State of Maine if an incident occurs.

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